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**FACSIMILE TRANSMITTAL SHEET**

**TO:** Examiner Jonathan M. Foreman – Group 3736

**FIRM/COMPANY:** U.S. Patent and Trademark Office  
Mail Stop Amendment

**FACSIMILE NUMBER:** 571.273.8300

**CONFIRMATION  
TELEPHONE:**

**FROM:** Edward J. Lynch

**DIRECT DIAL:** 415.957.3067

**DATE:** January 3, 2007

**USER NUMBER:** 5119

**FILE NUMBER:** Attorney Docket No. R0367-00401;  
Serial No. 09/981,525

**TOTAL # OF PAGES:** 13  
(INCLUDING COVERSHEET)

**MESSAGE:** Please see the attached Amendment and Response to Office  
Action and Terminal Disclaimer.

**NOTE:** Original will not follow

**CONFIDENTIALITY NOTICE**

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**RECEIVED  
CENTRAL FAX CENTER****JAN 03 2007****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re the application of  
Burbank et al.

Examiner: Jonathan M. Foreman

Group Art Unit: 3736

For: **TISSUE ACQUISITION SYSTEM AND  
METHOD OF USE****AMENDMENT AND RESPONSE  
TO OFFICE ACTION MAILED**

Serial No.: 09/981,525

**07/05/2006**

Filed: October 16, 2001

Docket No.: R0367-00401

**CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8**I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Jonathan M. Foreman, at Mail Stop  
Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 3, 2007.

in San Francisco, CA.

Sirpa Kirjonen

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 07/05/2006, and Terminal Disclaimer.

2. Claim Fee Calculation

X No additional claim fee is required.  
 \_\_\_\_\_ Amendment increases number of claims or multiple dependencies.

**Additional Claim Fee Calculation**

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	2-3=	0 x	\$100=	\$0
Total Claims	2202	13-19=	0 x	\$25=	\$0

**Fees Due.....\$0**

3. Additional fees: Request for Extension of Time for three (3) months from October 5, 2006 to January 5, 2007, pursuant to 37 CFR §1.17(a)(3).....**\$510.00**  
Terminal Disclaimer fee under 37 CFR 1.20(d).....**\$65**

**Total Fees Due..... \$575**

4. Payment of Fees

\_\_\_\_\_ Enclosed is a check for the total fees due in the amount of \_\_\_\_\_.  
X The Commissioner is authorized to charge the additional fees, and any other fees due, and to credit any overpayment of fees set forth under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00401. A duplicate copy of this document is enclosed for fee processing.

By: \_\_\_\_\_

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